DOCUMENT RESUME

ED 088 664 SE 010 514

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TITLE	Country Profiles, Malaysia.
INSTITUTION	Columbia Univ., New York, N.Y. International Inst. for the Study of Human Reproduction.; Population Council, New York, N.Y.
SPONS AGENCY	Ford Foundation, New York, N.Y.
PUB DATE	Jul 70
NOTE	8p.
EDRS PRICE	MF-$0.75 HC-$1.50
DESCRIPTORS	Demography; *Developing Nations; *Family Planning; National Programs; Population Distribution; Population Growth; *Population Trends; Social Sciences
IDENTIFIERS	*Malaysia

ABSTRACT

A profile of Malaysia is sketched in this paper. Emphasis is placed on the nature, scope, and accomplishments of population activities in the country. Topics and sub-topics include: location and description of the country; population (size, growth patterns, age structure, urban/rural distribution, ethnic and religious composition, migration, literacy, economic status, future trends); population growth and socio-economic development (relationships to national income, size of the labor force, agriculture, social welfare expenditures); history of population concerns; population policies; population programs (objectives, organization, operations, research and evaluation); private efforts in family planning; educational and scientific efforts in population; and foreign assistance for family planning activities. (BH)

ED 088664

Country Profiles

Issued by The Population Council and The International Institute for the Study of Human Reproduction, Columbia University

July 1970

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MALAYSIA

THIS profile was prepared by Ariffin bin Marzuki, M.D., Director of Malaysia's National Family Planning Board, and J. Y. Peng, M.D., Program Advisor in Malaysia from the Ford Foundation and the Center for Population Planning of the University of Michigan's School of Public Health.

Location and Description

Malaysia consists of West and East Malaysia. West Malaysia, formerly known as Malaya, is located between Thailand and Singapore and forms the Malay Peninsula; East Malaysia consists of Sabah and Sarawak on the northern part of the island of Borneo. The total land area of Malaysia, 128,000 square miles, is divided as follows: West Malaysia, 51,000; Sabah, 29,000; and Sarawak, 48,000.

A tropical country, about four-fifths of the land area is covered by forests and swamps. Proximity to the equator has given Malaysia a hot and humid climate, with plentiful rainfall. Temperatures are constant throughout the year with a mean maximum of 80°F to 90°F in the day and a minimum of 72°F to 75°F at night. The average rainfall is about 100 inches a year, and thunderstorms are frequent. On the whole, the climate is pleasant and equable because of the region's insularity and its exposure to a monsoonal wind system that originates in the Indian Ocean and the South China Sea. Rubber and tin mining form the basis of the economy.

It is believed that Malaysia has been inhabited by humans since 40,000–50,000 B.C. Malaysian history has been interwoven with that of the various Buddhist and Hindu empires. In the 15th century Islam became the dominant religion of the Malay archipelago, and it has remained so to the present. European incursion into Malaysia was marked by the Portuguese capture of Malacca in 1511, and the Dutch seizure of Malacca in 1641.

In 1786 the British occupied the island of Penang on behalf of the East India Company and obtained Malacca in 1825. The British seizure of Singapore in 1819 provided them with an important trading and naval base.

In 1826 Penang, Malacca, and Singapore joined to form the Colony of the Straits Settlements. The Federation of Malaya was set up in 1948 as a result of an agreement between the British Crown and the Malay rulers. Singapore was administered separately as a crown colony. The first general election held in the Federation was in 1955. Malaya achieved independence on 31 August 1957 as an independent monarchy with a sovereign elected once every five years. The creation of Malaysia, consisting of Malaya, Sabah, Sarawak, and Singapore, took place on 16 September 1963. On 9 August 1965 Singapore separated from Malaysia and became an independent republic.

Population

Size and Growth

The population of Malaysia was estimated to be 10 million at the end of 1968: West Malaysia, 8.5 million, and East Malaysia, 1.5 million. The rate of population growth in West Malaysia is about 2.8 per cent annually with a birth rate of 35.2 per 1,000 and a death rate of 7.5 per 1,000 (1967 estimate). Birth and death registration for East Malaysia is incomplete, and the vital rates are not accurately known. About 45 per cent of the population is under 15 years of age. Population density in West Malaysia is 170 persons per square mile, and 20 persons per square mile in East Malaysia. Over three-fourths of the population is concentrated in the coastal areas where the density is nearly double the average for the country as a whole.

Number and size of households. In 1967 there were an estimated 1.3 million households in West Malaysia, with an average of six persons per household. According to the 1960 census there were 90,600 households in Sabah, with an average of five persons per household; and 133,300 households in Sarawak, with an average of 5.5 persons per household.

Married women of reproductive age and age at marriage. An estimate based on the 1957 census for the total number of married women of reproductive age (aged 15–49) in 1968 was 1.4 million in West Malaysia (about 16 per cent of the total population). The mean age at first marriage was 17.4 years.

Rural/Urban Distribution

Over one-half of the population live in communities of 5,000 or more, with the urban sector population growing more rapidly than the population as a whole. Nevertheless, less than one fifth of the population live in cities of more than 100,000. Most of the urban population live in small towns.

Ethnic and Religious Composition

Malaysia is a multi-racial country. The 1967 estimate for West Malaysia shows the following ethnic composition: Malay, 4.3 million (50 per cent); Chinese, 3.1 million (37 per cent); Indian, 945,000 (11 per cent); and other, 187,000 (2 per cent). The 1960 census gives the ethnic composition for the two parts of East Malaysia. For Sabah the distribution is as follows: Indigenous, 306,498 (68 per cent); Chinese, 104,542 (23 per cent); other, 43,381 (10 per cent). The percentage distribution for Sarawak is: Indige-

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nous, 340,021 (46 per cent); Chinese, 229,154 (31 per cent); Malay, 129,300 (17 per cent); and other, 46,054 (6 per cent).

Muslims comprise 50 per cent of the population in West Malaysia, 38 per cent in Sabah, and 23 per cent in Sarawak. Other major religions are Buddhism and Hinduism.

Literacy

According to the 1957 census, the literacy rate in West Malaysia in any language was 51 per cent. The literacy rate for the female population aged 15–44 was 33 per cent in any language, 16 per cent in Malay, and 6 per cent in English. In 1969 there were 1.37 illiterate persons in West Malaysia and 0.52 million in East Malaysia.

Future Trends

The birth rate and rate of annual increase have decreased steadily from 1958 to 1967. Since the inception of the national program in 1967, a total of more than 180,000 new acceptors have been recruited by March 1970. About 93 per cent of them are using the oral contraceptive, and the continuation rate is quite high: about 65 per cent at the end of one year. The number of cycles of oral contraceptives distributed monthly by the national program and by commercial channels is approximately 130,000 to 150,000. If this situation continues, the rate of annual increase will be 2 per cent by 1980, five years before the target year set in the national program.

Population Growth and Socioeconomic Development

Relationship to National Income

Per capita income was M$1,056[1] in 1969, one of the highest in Asia.

Malaysia, which ranks first among the world's producers of natural rubber and tin, has relied heavily on the production and export of these commodities for its foreign exchange. The fluctuation in rubber prices and the growing population threaten the per capita annual income.

Under the First Five-Year Development Plan (1961–1965) for Malaysia, production increased by an average of 4.5 per cent a year, but because of the increase in population there was only a slight increase in per capita income during this period of moderate economic expansion. An increase of approximately 22 per cent in economic output during the Plan period was largely offset by a population increase of nearly 19 per cent.

Relationship to Size of Labor Force

In West Malaysia the labor force comprised 2.7 million out of a total labor force population (aged 15–65) of slightly over 4 million in 1967. Of this 2.7 million, approximately 50 per cent were employed in agriculture, 8.5 per cent in manufacturing, 17 per cent in services, nearly 11 per cent in trade, about 8 per cent in construction, utilities, and transportation, and about 3 per cent in mining and quarrying.

Registration figures at the Employment Exchange Services indicate that the unemployment situation has deteriorated somewhat over the past decade. Among the number of jobseekers registered with the Exchange, 56 per cent were unable to find employment in 1958, 70 per cent in 1962, and 87 per cent in 1966. Most of the unemployed were in West Malaysia; East Malaysia, particularly Sabah, continued to experience a general labor shortage. The rate of unemployment for West Malaysian urban areas is high, estimated at nearly 10 per cent in 1967; in the rural areas, the rate of unemployment is 5.5 per cent.

It is estimated that the growing population will require over 100,000 new jobs annually for the next ten years. In the First Malaysia Development Plan, 1966–1970, the Government aims at creating 380,000 new jobs in West Malaysia and 80,000 in East Malaysia. The plan for 1971–1975 sets a target of creating 500,000 new jobs over the five year period.

Relationship to Agriculture

Rice is a staple food of Malaysians and the second largest crop after rubber. Rice fields occupy about 1.2 million acres of land. About one million tons or approximately 70 per cent of the nation's requirements are produced yearly. Although these figures indicate a sharp increase in rice production since 1957, concentrated efforts in the introduction of new hybrid varieties of paddy, greater use of fertilizers, better management practices, and the extension of drainage and irrigation schemes have been necessary to cope with the rapid increase in population. It is the Government's goal to be self-sufficient in rice production by 1972.

Palm oil, considered the best dry land crop in the country, is now the fourth largest export industry after rubber, tin, and timber. In 1968 M$124 million of palm oil was exported, making Malaysia the world's largest exporter of palm oil.

Substantial progress has been achieved in the development of coconut plantations in West Malaysia. The area under coconut cultivation is estimated at 517,000 acres. In 1968 the total production of copra was 116,000 tons, and coconut oil about 90,000 tons.

Farmers' Associations were first formed in 1958, and since then more than 856 Associations with about 45,000 members have been registered. Through the Associations, farmers participate in the Government agriculture extension program, including credit, marketing, and supply services. In September 1965 the Federal Agricultural Marketing Authority (FAMA) was established to supervise, coordinate, and improve the marketing of agricultural produce. It is expected that between 1964 and 1974 the number of consumers will increase by nearly 40 per cent; to maintain the present level of consumption food production will also have to increase by 40 per cent.

Relationship to Social Welfare Expenditures

Public education. Expenditure on education rises each year not only because of the improvement and expansion of educational facilities, but also because the number of children of school age is expected to increase steadily. It is estimated that by 1982 there will be 2.4 million children of primary and secondary school age. In 1967 the cost of education amounted to M$390 million, which constituted approximately 20 per cent of the Government's annually recurrent expenditure for that year. This figure represented an increase of about 9 per cent over the sum appropriated in the previous year, as compared with an increase of about 12 per cent in total enrollment in schools for the

[1] M$1 = US$.33.

same period. This trend is evident in East as well as West Malaysia.

The average annual cost per student in fully assisted (government supported) primary schools in West Malaysia in 1967 was approximately M$130, and in fully assisted secondary schools approximately M$200.

Public health. The death rate has been decreasing steadily during the past decade from 11 per 1,000 in 1958 to 7.6 in 1966 (a 31 per cent reduction); the infant mortality rate decreased even faster in the same period from 80 to 48 per 1,000 (a 40 per cent reduction). In 1967 the expansion of medical and health services cost about M$40 million and in 1968 M$42 million. The second Five-Year Development Plan (1966–1970) particularly stressed the expansion of health services in the rural areas. These rural health services provide an integrated medical health and dental care for about 50 per cent of the rural population or about 3 million persons. It is the aim of the Government to expand this service further to cover the whole of the rural population. In 1967 the number of hospital admissions was 450,000, a 40 per cent increase since 1957; hospital outpatient attendance was 5.5 million persons, an increase of 81 per cent since 1957; and maternal and child health clinic attendance was about 2.5 million persons, a 42 per cent increase since 1957.

History of Population Concerns

From 1958 to 1967 the population of West Malaysia increased by 33 per cent: the birth rate dropped 19 per cent, the death rate dropped 32 per cent, and the annual rate of growth dropped 14 per cent. Growth trends in West Malaysia, by ethnic group, are shown in Table 1.

Although figures on the frequency of illegal abortions are unavailable, every general and maternity hospital in Malaysia has received enough cases to indicate that it is fairly prevalent. A study of 1,000 abortion cases in Kuala Lumpur General Hospital between December 1961 and August 1962 showed that abortions comprised 14.7 per cent of all deliveries in that period. Many of the abortions were spontaneous, but sizeable numbers were known or suspected to have been induced.

Population Policies

The Government has been concerned with the adverse effects of rapid and unchecked population growth on its economic development goals, on the health of mothers and children, and on the welfare of the family. In 1964 the Cabinet voted to adopt a national family planning program as Government policy. A Cabinet Sub-Committee on Family Planning was created in late 1964 to recommend means of obtaining widespread public and political support for fertility reduction and to formulate an integrated program. In August 1965 the Cabinet adopted a report which called for the creation of a National Family Planning Board (NFPB) to implement the national program. After the Family Planning Act was passed by Parliament and received the Royal Assent in April 1966, the National Family Planning Board came into existence as an inter-ministerial organization having statutory powers and a certain degree of autonomy. The NFPB began its work in June 1966 with 21 Board members. The Board is under the Chairmanship of the Honourable Enche Khir Johari, the present Minister of Commerce and Industry.

Population Programs

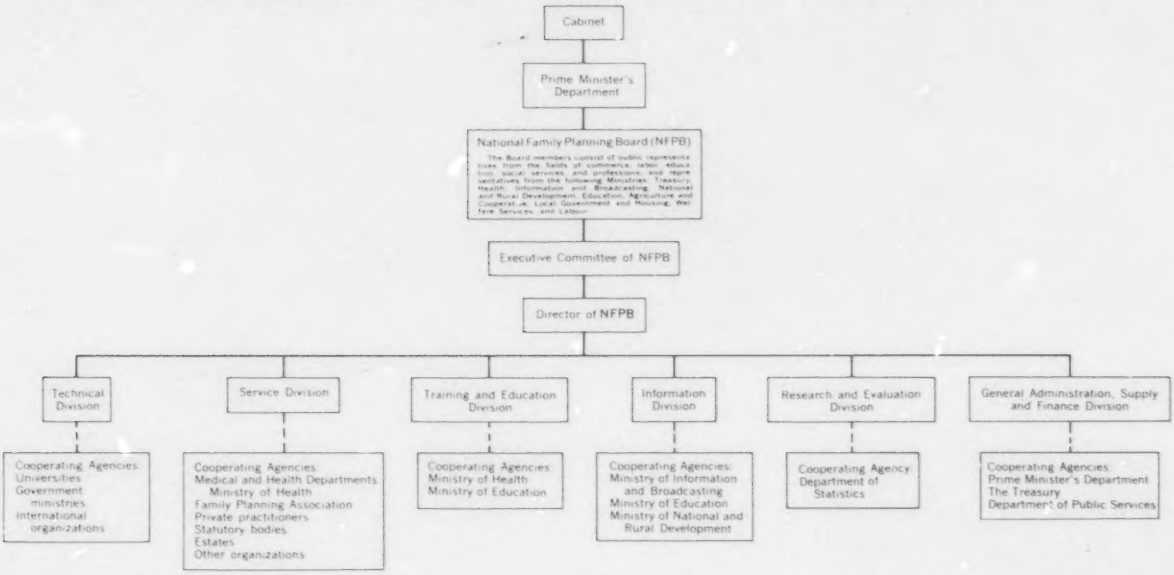
Objectives

The family planning program is an integral part of the social and economic development plans formulated in the First Malaysia Development Plan (1966–70). The Government believes that a lower rate of population growth will enable more resources to be devoted to investment, thereby increasing per capita income and the rate of national output. The Government's long-term development plan, as formulated by the Economic Planning Unit of the Prime Minister's Department, calls for a reduction in

TABLE 1. *Population, Vital Rates, and Total Fertility Rate, by Ethnic Group, for West Malaysia: 1958 and 1967*

Ethnic group	Population (in thousands)	Birth rate (per thousand)	Death rate (per thousand)	Rate of natural increase (per thousand)	Total fertility rate (per thousand women)
Malays					
1958	3,293	46.0	13.5	32.6	5,785
1967	4,351	38.1	8.3	29.8	5,640
Per cent change 1958–1967	+32%	−17.2%	−38.5%	−8.6%	−2.5%
Chinese					
1958	2,445	39.5	8.4	31.1	6,735
1967	3,157	32.5	6.3	26.2	4,610
Per cent change 1958–1967	+29%	−17.7%	−25.0%	−15.8%	−31.5%
Indians and Pakistanis					
1958	740	46.0	9.9	36.1	6,370
1967	958	35.2	8.2	27.0	5,330
Per cent change 1958–1967	+29%	−23.5%	−17.2%	−25.2%	−16.3%
All ethnic groups					
1958	6,449	43.3	11.0	32.3	6,085
1967	8,655	35.2	7.5	27.8	5,230
Per cent change 1958–1967	+34%	−18.7%	−31.8%	−13.7%	−14.1%

FIGURE 1. *Organizational Structure of The National Family Planning Board, Malaysia, 1970*


Cabinet
Prime Minister's Department
National Family Planning Board (NFPB)
The Board members consist of public representatives from the fields of commerce, labor, education, social services, and professions, and representatives from the following Ministries: Treasury, Health, Information and Broadcasting, National and Rural Development, Education, Agriculture and Cooperatives, Local Government and Housing, Welfare Services, and Labour
Executive Committee of NFPB
Director of NFPB
Technical Division
Service Division
Training and Education Division
Information Division
Research and Evaluation Division
General Administration, Supply and Finance Division
Cooperating Agencies:
Universities
Government ministries
International organizations
Cooperating Agencies:
Medical and Health Departments
Ministry of Health
Family Planning Association
Private practitioners
Statutory bodies
Estates
Other organizations
Cooperating Agencies:
Ministry of Health
Ministry of Education
Cooperating Agencies:
Ministry of Information and Broadcasting
Ministry of Education
Ministry of National and Rural Development
Cooperating Agency:
Department of Statistics
Cooperating Agencies:
Prime Minister's Department
The Treasury
Department of Public Services

the rate of population growth from the current 2.8 per cent per year to 2 per cent by 1985. This goal could be attained with a birth rate of about 26 per 1,000 and a death rate of about 6 per 1,000. The target number of contraceptive acceptors to be recruited in the national family planning program over a five-year period is about 450,000, which is about 36 per cent of married women of childbearing age in Malaysia. This target would support the Government plan of raising the per capita income from M$960 in 1965 to M$1,500 by 1985.

ORGANIZATION

The National Family Planning Board is directly responsible to the Prime Minister. The responsibilities of the NFPB, as outlined in the Family Planning Act of 1966, are the following:

(1) to formulate policies and methods of spreading family planning knowledge and practice, on the grounds of the health of mothers and children and the welfare of the family.
(2) to program, administer, and coordinate family planning activities throughout the country.
(3) to train all persons involved in family planning extension work.
(4) to conduct research on medical and biological aspects of family planning.
(5) to promote research on the interrelationships between social, cultural, economic, and population changes and also research on fertility patterns in the country.
(6) to set up an evaluation system to assess the effectiveness of the program and the progress towards the attainment of national objectives.
(7) to employ the necessary personnel, on terms to be approved by the Prime Minister, to carry out the functions of the Board.

The NFPB is composed of ten members representing Government ministries and ten members representing the public. The Executive Committee of the NFPB consists of the Chairman, the Director (who serves as executive officer and is also a member of the Board), and three Board members. As of 1970, there are six divisions in the NFPB (see Figure 1).

The Technical Division is a new division, designed to assist the Director in planning and coordinating both inter-ministerial and international relationships. The Division also sponsors research on anthropological, sociological, and economic aspects of population problems. The Service Division organizes and operates family planning services. The Information Division develops and administers the program to spread knowledge about family planning, and produces training and public information materials. The Training and Education Division is a new division that conducts and evaluates the NFPB training programs. Its responsibilities include training aspects of family planning and family life education. The Research and Evaluation Division develops and operates program evaluation and conducts research. This involves collecting, processing, analyzing, and reporting service statistics, as well as conducting sample surveys to determine continuation rates, fertility, and other matters relevant to the program. The General Administration, Supply, and Finance Division carries out the administrative policies of the Board. It coordinates the activities of the other divisions, develops and operates the supply system, and performs accounting services. The secretary of the Board is the chief of this division.

OPERATIONS

At the present time the program concentrates on West Malaysia because of its high population density and the acuteness of the problem. Under the national program, East Malaysia is covered by the services provided by the Family Planning Association (a private association). Contraceptive service programs for West Malaysia were planned in four phases, 1967–1970, beginning with large metropolitan areas in Phase I and expanding to rural areas in Phases III and IV.

Phase I covered seven large municipalities with maternity hospitals attached to general hospitals, involving a total population of about 1.5 mil-

lion persons. This phase has now been completed. In Phase II, emphasis was placed on the expansion of services to smaller cities, covering an additional 1.5 million persons. Regional state offices were established in each general hospital of the 11 states in the country. Family planning clinics opened in 28 district hospitals and in some adjoining health centers. This phase was covered in 1968. Phase III extended services to the remaining district hospital areas and main health centers and some sub-center areas, covering about 1.5 million persons. This phase, scheduled to be finished in 1969, has not yet been completed. In Phase IV, to be implemented in 1970, the remaining areas with about 3.5 million persons will be covered through NFPB mobile teams, Government midwifery clinics, and utilization of village midwives (Kampong Bidans).

Family planning clinics have been set up in general and district hospitals and in main health centers in rural areas, and are staffed by full-time family planning personnel from the NFPB. Those clinics with full-time staff that are open daily are called main clinics. Mobile personnel from these main clinics also offer family planning services periodically in sub-health centers, Government midwifery clinics, etc. These clinics, which generally operate once a week, are called satellite stations. At the end of 1969 the NFPB had 63 main clinics and 310 satellite stations throughout West Malaysia. The Family Planning Association had 186 clinics and 134 stations on rubber estates. In addition, 88 private doctors and 174 rubber estates (the company doctor and the company co-operate) are participating in the national program.

Although 35 per cent of the total acceptors recruited by the national program are rural women, the Board's most important task for the immediate future is to expand its program into rural areas. About 50 per cent of Malaysia's total population live in communities of less than 5,000. In rural areas the program will rely heavily on Government midwives and some selected traditional village midwives.

Methods. Contraceptive services are provided mainly through family planning clinics of the NFPB, the Family Planning Associations, rubber estate clinics, and private doctors. Oral pills and conventional methods are prescribed by both medical personnel and para-medical and auxiliary personnel. Pills are prescribed without a pelvic examination, but a thorough medical history in relation to contraindications is taken. No more than three cycles of pills are prescribed at one visit. Insertion of intrauterine devices, vasectomy, and tubal ligation are performed by medical personnel at family planning clinics and hospitals, free-of-charge. Oral pills are distributed to patients at a cost of M$1 per cycle. Condoms are sold at a cost of US$.03 per piece. Oral pills and condoms are given free to those unable to pay. One cycle of oral pills, free-of-charge, is distributed at maternity hospitals to immediate postpartum women who want to practice contraception. These provisional acceptors are given an appointment for any clinic of their choice.

The oral pill is the primary method of the national program. Of the 170,000 acceptors from the start of the program in May 1966 to December 1969, about 93 per cent accepted the pill; 1.7 per cent, the IUD; 3.5 per cent, tubal ligation and vasectomy; and 2.3 per cent, condom and other methods.

Personnel. Personnel include medical officers, nursing sisters, staff nurses, trained assistant nurses, family planning workers, clerk-receptionists, assistant information officers, and field assistants. Recruitment is made through advertising in newspapers. Applicants are interviewed by the Executive Committee chaired by the Chairman or Director.

The National Family Planning Board training program has handled the following categories of personnel:

(1) NFPB staff which consists of medical officers, supervisor/nursing sisters, staff nurses, trained assistant nurses, family planning workers, assistant information officers, and field assistants.
(2) Ministry of Health personnel including medical officers, matrons and sisters (senior ranking nurses), public health nurses, staff nurses, assistant nurses, midwives, hospital assistants, public health inspectors, etc.
(3) personnel from other related services consisting of private medical practitioners, officers from the Ministry of Social Welfare Services and the Ministry of Information, rubber estate medical officers and workers, workers from voluntary organizations, and village midwives.

Most training courses have been conducted at the NFPB headquarters in Kuala Lumpur, though some are at the regional level. For NFPB staff there is a one month training course, followed by three to five days of refresher courses later. Orientation courses for Ministry of Health personnel and officers in related organizations vary from four days to two weeks, depending on the type of personnel to be trained.

From the start of the training program in 1967 to December 1969, 65 initial training courses were conducted and 1,134 persons were trained. The total number of NFPB staff at the end of 1969 was 282, of whom 50 were the NFPB headquarters staff. The total number of positions available for 1970 will be 400.

Information and education. The Information Division of the NFPB is responsible for informational, motivational, and educational activities. Ten regional information stations, each headed by an Assistant Information Officer, have been set up in West Malaysia. The regional officer handles mass media and activities through organized groups. NFPB staff have used individual and group approaches in their informational and motivational activities at maternity hospitals and maternal and child health centers. NFPB headquarters produce audio-visual materials, as well as radio talks, television programs, and newspaper releases.

Budget. The NFPB has received appropriations from the Treasury Department of the Government since 1966. The NFPB budget, by year, and the proportion of the budget which goes for salaries are as follows:

Year	*NFPB budget (in thousands of Malaysian dollars)*	*Per cent of budget spent on salaries*
1966*	249	25
1967	900	46
1968	1,600	72
1969	2,000	72
1970**	2,216	65

* June–December.
** Proposed.

TABLE 2. *Percentage Distribution of Acceptors by Age Group, Ethnic Group, Educational Level, and Prior Practice of Family Planning, for Malaysia: May 1967–December 1969*

	1967*		1968		1969		Cumulative total 1967–1969	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Age group								
15–19	935	4.3	3,283	4.4	2,413	4.8	7,631	4.6
20–24	4,429	21.4	16,664	22.2	16,670	23.8	37,863	22.8
25–29	6,261	30.2	20,013	29.4	19,704	27.9	47,977	28.8
30–34	5,094	24.6	18,380	24.5	17,060	24.2	40,534	24.4
35–39	2,880	13.3	10,098	13.5	9,434	13.4	22,412	13.5
40–44	955	4.6	3,740	5.0	3,484	4.9	8,179	4.3
45–49	172	0.8	749	1.0	703	1.0	1,624	1.0
Not reported	—	—	8	0.0	8	0.0	16	0.0
Total	20,726	100.0	74,935	100.0	70,575	100.0	166,236	100.0
Ethnic group								
Malay	8,583	41.4	33,903	45.2	31,691	44.9	74,177	44.6
Chinese	8,895	42.9	32,206	43.0	30,773	43.6	71,874	43.3
Indian	3,060	14.8	7,885	10.5	7,199	10.2	18,144	10.9
Other	188	0.9	941	1.3	912	1.3	2,041	1.2
Total	20,726	100.0	74,935	100.0	70,575	100.0	166,236	100.0
Educational level								
No schooling	2,565	19.7	14,658	19.6	16,577	23.5	33,264	21.8
Primary	3,440	26.5	22,053	29.4	25,602	36.3	49,541	32.4
Secondary	1,992	15.3	15,620	20.8	13,073	18.5	29,995	19.7
Upper secondary	194	1.5	622	0.9	313	0.4	1,065	0.7
College/university	40	0.3	74	0.1	112	0.2	202	0.1
Not reported	4,766	36.7	21,868	29.2	14,898	21.1	38,577	25.3
Total	12,997	100.0	74,935	100.0	70,575	100.0	152,644	100.0
Prior practice of family planning								
Prior practice	5,645	27.2	21,613	28.8	18,561	26.3	45,819	27.5
No prior practice	14,640	70.7	52,661	70.3	52,014	73.7	119,315	71.8
Not reported	441	2.1	661	0.9	—	—	1,102	0.7
Total	20,726	100.0	74,933	100.0	70,575	100.0	166,236	100.0

* Figures for 1967 are for May-December, except for educational level.

RESEARCH AND EVALUATION

A baseline survey of knowledge, attitude, and practice of family planning (KAP) was conducted in 1966 and 1967 by the NFPB and the Department of Statistics, with technical assistance from the Population Studies Center of the University of Michigan. The results were published by the NFPB in "Report on the West Malaysian Family Survey: 1966–1967."[2]

The second KAP survey will be conducted after mid-1971. The survey will use census forms from the 1970 census to draw a sample for interview.

A nationwide acceptor survey based on a sample derived from the total acceptors in the first year of the national program was undertaken by the NFPB in February–April 1969, with assistance from the Center for Population Planning of the University of Michigan. The preliminary results showed that over two-thirds of the women who accepted family planning were still using some form of contraception at least eight months after their acceptance; and over half have used the methods they accepted continuously.

Routine activities of the Evaluation Division include collection of service data (such as acceptors' initial records), gathering field reports from the field staff, and preliminary analysis of the data collected. A copy of each individual record of the initial acceptance at family planning clinics is sent to the Division monthly and all records are coded and punched on the cards. Monthly activity reports and quarterly reports of analysis of acceptors' characteristics are thus produced regularly.

Missed appointment reports from field clinics are sent monthly, and from these the Division calculates retention rates for use of contraceptives.

Among the specific studies currently undertaken or planned are the following: analysis of the characteristics of acceptors; cost of the program relative to numbers of population, acceptors, and births prevented; and vital registration studies, such as tabulations of births by various characteristics by combining data from birth, acceptor, and infant death records using the identity and number of each woman to link several record systems.

Research on contraceptive methods, such as use of an injectable method to an entire community to study the impact on fertility, is also under way.

Characteristics of acceptors (age, ethnic group, education, and prior family planning practice) from May 1967 to December 1969 are shown in Table 2.

Private Efforts

PRIVATE ASSOCIATIONS

Organized family planning in West Malaysia dates back to 1953 when the first Family Planning Association (FPA) was formed in the state of Selangor; by 1962 Family Planning

[2] A condensed version of this report appears in J. A. Palmore, "Malaysia: The West Malaysian Family Survey, 1966–1967," *Studies in Family Planning*, 40, April 1969.

Associations existed in each of the eleven states. In 1958 the independent state associations joined to form the Federation of Family Planning Associations (FFPAs), which today includes all eleven associations. In 1961 the Federation was accorded full membership in the International Planned Parenthood Federation (IPPF).

While the Federation of Family Planning Associations assists with overall planning and coordination, each state association remains relatively free to pursue its own programs. The Federation serves as the mechanism through which a M$200,000 annual grant from the Social Welfare Lotteries Board of Malaysia and other funds are distributed to the state associations. Since 1965, the Federation has employed a full-time administrator, and each of the state organizations also has some paid employees. However, more than half of the family planning workers are volunteers.

By 1967 the state associations were operating 166 clinics, many of them in Government health centers and hospitals, and were providing contraceptive services to over 160 estates. The total budget for the Federation in 1967 was about M$900,000. In addition to the annual M$200,000 grant from the Social Welfare Lotteries Board, income is derived from the sale of supplies, estate fees, private contributions, and the IPPF. Although the Family Planning Associations' primary function is the provision of contraceptive services and supplies, the associations have also been active in a variety of public information and education activities.

The National Family Planning Board has favored the continuation and expansion of existing Family Planning Association clinics rather than the initiation of new clinic services. With the start of the national service program in 1967, the Board encouraged the Federation of Family Planning Associations to continue its clinic program. The associations obtain most of their supplies directly. In addition, they also distribute the two oral contraceptives used in the Government program which they receive at a cost of M$.40 per cycle and sell to patients at the standard price of M$1 per cycle. The Family Planning Associations receive some IUDs free from the NFPB. The FPAs use the standard record forms and submit their data to the Board's central evaluation unit.

Although the FFPA continues to offer direct patient services and remains administratively separate from the NFPB, the FFPA follows very closely the NFPB policy. The recent efforts of the two organizations toward joint planning and evaluation in their programs have yielded excellent results in working relationships, morale, and effectiveness at the central as well as local level.

Commercial Channels

Oral contraceptives and other methods are available commercially without prescription.

The number of cycles of oral contraceptives sold commercially at wholesale cost has increased since the start of the national program in May 1967, and it is possible that the national program stimulated commercial sales of oral contraceptives. In 1965, about 511 thousand cycles were sold at wholesale cost. In 1966, the figure was 396 thousand; in 1967, 522 thousand; and in 1968, 758 thousand.

Educational and Scientific Efforts in Population

Department of Statistics

Vital and demographic statistics are the responsibility of the Office of the Registrar General and the Department of Statistics, an agency of the Prime Minister's Department. The Department of Statistics participated in the design and conduct of the National Family Survey. This survey, which was recommended to the Cabinet in the report calling for a national family planning program, was completed in mid-1967, under the general auspices of the NFPB and with technical assistance from the Population Studies Center of the University of Michigan. A complete report was published. The Survey made an important contribution not only to an understanding of Malaysian fertility and the evaluation program of the NFPB, but also to the development of improved survey techniques.

The Department of Statistics has been tabulating monthly service statistics for the NFPB and makes its facilities, including a computer, available for surveys and other evaluation studies carried out by the Board.

Medical Institutions

The Faculty of Medicine at the University of Malaya and schools of nursing discuss family planning in the courses for their students. The Departments of Obstetrics and Social Medicine of the University are interested in family planning and can provide a base for future clinical studies of contraceptive methods.

Foreign Assistance

Ford Foundation and University of Michigan

In 1964 Dr. Lyle Saunders, a Ford Foundation advisor, prepared a report on population, development and welfare in Malaysia. This report was circulated to members of the Cabinet where discussion about it contributed to the development of the national policy. Following the Malaysian Parliament's approval of the Family Planning Act in 1966, the Ford Foundation approved an initial grant of US$189,000 to the University of Michigan to provide advisory assistance, training, and materials to the Government of Malaysia. Under the terms of this grant, the Center for Population Planning and the Population Studies Center at the University of Michigan provided the services of a senior medical advisor and two demographic advisors. The demographic advisors assisted in conducting the national sample survey of knowledge, attitudes, and practice of contraception, and helped improve basic statistics required for program evaluation. The Ford Foundation grant also provided for the training of a number of Malaysians at the University of Michigan.

The Ford Foundation also supplied a supplementary grant of US$293,000 for the two-year period from June 1967 to June 1969. This grant provided an additional five man-years of advisory services, funds for survey analysis costs at the University of Michigan, six man-years of overseas training, and funds for local program support.

The Ford Foundation approved an additional grant of US$124,000 to the Center for Population Planning at the University of Michigan to continue advisory assistance and training until September 1970. The Ford Foundation Project Administration Fund also provided advisory services and fellowships for 1969–1971.

SWEDISH INTERNATIONAL DEVELOPMENT AUTHORITY (SIDA)

In July 1967 SIDA agreed to provide US$200,000 worth of supplies and equipment to the Government program. The grant provided 750,000 cycles of oral contraceptives, 30 motor scooters, 5 vehicles, and training equipment.

In 1968 SIDA signed an agreement providing long-term assistance to the Malaysian program. Since then, SIDA has provided an additional 1.2 million cycles of pills, 2 mini buses, 2 land rovers, 11 mini cars, and other equipment at an estimated value of US$500,000. In addition, total income from the sale of oral contraceptives amounted to about US$300,000 by the end of 1969.

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Funds granted by the Agency for International Development (AID) to International Planned Parenthood Federation have been used to provide some contraceptive supplies to the Family Planning Associations since 1969. There is no AID mission in Malaysia.

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

UNICEF has been providing equipment for midwifery clinics and health centers to the Ministry of Health. It has also granted US$17,500 for the training of traditional midwives.

Publications

The National Family Planning Board produces a monthly newsletter "Bulletin Keluarga," with a circulation of 5,000 to domestic and foreign sources. The Board also produces monthly and quarterly evaluation reports analyzing characteristics of acceptors recruited by the program. Annual Reports for 1966, 1967, and 1968 have been published.

Other publications about family planning in Malaysia are as follows:

L.J. Cho, J. Palmore, and L. Saunders, "Recent Fertility Trends in West Malaysia," *Demography*, 5 (2), 1968.

Department of Statistics, Government of Malaysia, *Estimates of Fertility for West Malaysia, 1957–1967*, June 1969.

———, *Estimates of Population for West Malaysia, 1967*, March 1969.

———, *Life Tables for West Malaysia, 1966*, June 1969.

———, *Population Projections by Age, Race and Sex for West Malaysia, 1967–1997*, November 1969.

Marzuki, Ariffin, and R. Ten Have, "Malaysia: The Family Planning Program, 1967," *Studies in Family Planning*, 26:12–15, January 1968.

Marzuki, Ariffin, and J. Y. Peng, "Malaysia and its National Family Planning Programme," March 1970.

National Family Planning Board, "Proceedings of the First National Family Planning Seminar, 10–12 June 1968," March 1970.

———, "Report on West Malaysian Family Survey, 1966–1967," 1968.

Palmore, J., "Malaysia: The West Malaysian Family Survey, 1966–1967," *Studies in Family Planning*, 40, April 1969.

Palmore, J., and Ariffin Marzuki, "Marriage Patterns and Cumulative Fertility in West Malaysia: 1966–1967," *Demography*, 6 (4), November 1969.

Saunders, L., and G. Perkins, "Population and Family Planning in Malaysia," unpublished paper, March 1968.

Summary

The national family planning program is fortunate in having a firm Government policy based on the Family Planning Act of 1966. Family planning is included in the Government's economic development plan, and there is budgetary support from the Government. The National Family Planning Board, as a semiautonomous body directly under the Prime Minister's Office, is able to function independently.

The Board includes representatives from a number of Ministries related to population programs, and it has enjoyed the cooperation of these Ministries. A strong voluntary Family Planning Association which has existed for a number of years continues to provide services in close cooperation with the Government program. The population is quite highly motivated for family planning; the birth rate had been falling for a number of years prior to the initiation of the program. All three major ethnic groups are accepting family planning services.

Malaysia has good health facilities, which are very well utilized, and an adequate number of professional health personnel. The standard of living is high and the communications system very well developed. There is a high proportion of postpartum women who are accepting the services through family planning clinics set up in health facilities.

From the beginning the national program was well-planned for its operations, for expansion of services, and for evaluation activities. International support, including vehicles, audio-visual materials, and data processing machines, and technical assistance have been offered since the beginning of the program.

Informational and motivational efforts are being advanced with the setting up of Regional Information Offices staffed by a full-time Information Officer and equipped with vehicles and audio-visual materials.

Difficulties for the family planning program exist. Recruitment of medical and para-medical personnel has sometimes attracted staff away from the Health Ministry. The national family planning program has covered metropolitan, urban, and semi-urban areas widely; most rural areas are not yet covered. Family planning services integrated into the rural health scheme will be the best means of reaching these areas, and the full support of the Ministry of Health for this operation has been accorded. Instead of using NFPB staff in these rural areas, the program may have to utilize existing health staff. An additional problem is the heavy reliance of the program on the oral contraceptive. There is a need for promotion of supplementary contraceptive methods.

This is part of an information service provided by The Population Council and The International Institute for the Study of Human Reproduction, Columbia University, under a grant from the Ford Foundation.

Other *Country Profiles* published to date are:

Hong Kong (November 1969)
Iran (December 1969)
Korea, Republic of (April 1970)
Pakistan (March 1970)
Philippines, The (June 1970)
Sierra Leone (September 1969)
Taiwan (February 1970)
Thailand (May 1969)
Turkey (January 1970)
United Arab Republic (August 1969)